

**MFT AND LCSW LICENSEES ONLY**

Submit this application WITH YOUR CURRENT RESUME to the Board's Examination Unit at the above address

Are you applying for (check one): ☐ Oral Examiner ☐ Subject Matter Expert ☐ Both

<b>Section A</b>		<b>PERSONAL INFORMATION</b>										
Last Name						First Name				MI		
Street Address						City						
State		Zip			Home Phone	( )		Work Phone	( )			
FAX	( )				Pager/Cell	( )			Social Sec. No.			
License Type		License Number			Expiration Date			Other licenses			E-Mail Address	
<b>Completion of the following fields are OPTIONAL:</b>												
Race/Ethnicity						Date of Birth			Gender			

<b>Section B</b>	<b>REQUIREMENTS</b>
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Do you currently perform a minimum of twenty hours of training, supervision, education, or clinical experience per week?

☐ No ☐ Yes

How many hours of face-to-face therapy do you perform per week? \_\_\_\_\_ hours.

How long have you been working in the field under your license? \_\_\_\_\_ years.

Degree Title:  
(i.e., MS in Psychology, MSW, etc.) \_\_\_\_\_ Date Awarded: \_\_\_\_\_

<b>Section C</b>	<b>QUESTIONNAIRE</b>
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Have you ever served as an Oral Examiner for the Board?

☐ No ☐ Yes If YES, when did you last serve as an Oral Examiner? \_\_\_\_\_

Have you ever participated in an examination development workshop for the Board?

☐ No ☐ Yes If YES, when did you last participate in a workshop? \_\_\_\_\_

	Name	Phone Number
Two References:	_____	_____
	_____	_____

<b>Section D</b>	<b>EXAMINATION LOCATIONS</b>
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In which area are you willing to work? (Note: The Board does not reimburse examiners for travel expenses)

☐ Northern California ☐ Southern California ☐ Either/Both

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_